

OFFICE USE
ONLY

**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**

Name of Candidate Percy W. Watson

Address P. O. Box 1767 Hattiesburg, MS 39403

County Forrest

Telephone (Work) 601-545-1051

(Home) 601-544-6490

(Fax) 601-582-4293

Contact Name Percy W. Watson

Email Address pwatson@megagate.com

Office Sought State Representative, District 103

Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
- ☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
- ☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$			
	77,792.52 + \$ 870.00	\$ 78,662.52	\$ 78,662.52
Total amount of disbursements \$			
	54,333.25 + \$ 8,261.72	\$ 62,594.97	\$ 62,594.97
Total amount of cash on hand \$		27,479.47	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

January 30, 2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1899 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United HealthCare Services</u>		<u>06 / 30 / 08</u>	\$ 500.00
Mailing Address <u>321 Heritage Point Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Simpsonville, SC 29681</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>United Health Group</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. B. Consolidated</u>		<u>07 / 01 / 08</u>	\$ 1,000.00
Mailing Address <u>770 North West Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hon. Paul T. Benton</u>		<u>07 / 07 / 08</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 1341</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Manufacturers Association</u>		<u>07 / 03 / 08</u>	\$ 250.00
Mailing Address <u>720 North President Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name T.L. Wallace Construction, Inc.		07 / 11 / 08	\$ 1,000.00
Mailing Address P. O. Box 523		___ / ___ / ___	\$
City, State, Zip Code Columbia, MS 39429		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Buddy Medlin & Associates, Inc.		07 / 11 / 08	\$ 250.00
Mailing Address 1009 North West Street		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39202-2570		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name W. Holt McMullan		07 / 18 / 08	\$ 250.00
Mailing Address P. O. Box 1071		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39403-1071		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jake Middleton		07 / 23 / 08	\$ 250.00
Mailing Address P. O. Box 1185		___ / ___ / ___	\$
City, State, Zip Code Natchez, MS 39121		___ / ___ / ___	\$
Name of Employer (Required) City of Natchez, MS		___ / ___ / ___	\$
Occupation (Required) Mayor of Natchez, MS		Aggregate year-to-date	\$ 250.0

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Beau Rivage Resort & Casino	07 / 18 / 08	\$ 1,000.00
Mailing Address		
P. O. Box 7325	___ / ___ / ___	\$
City, State, Zip Code		
Biloxi, MS 39540	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Danny E. Cupit	07 / 18 / 08	\$ 250.00
Mailing Address		
P. O. Box 22929	___ / ___ / ___	\$
City, State, Zip Code		
Jackson, MS 39225	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Government Consultants, Inc.	07 / 18 / 08	\$ 1,000.00
Mailing Address		
1830 Crane Ridge Drive	___ / ___ / ___	\$
City, State, Zip Code		
Jackson, MS 39216-4901	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Speech-Language Hearing Assc.	07 / 18 / 08	\$ 250.00
Mailing Address		
P. O. Box 22664	___ / ___ / ___	\$
City, State, Zip Code		
Jackson, MS 39225-2664	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Paul H. "Bud" Holmes</u>		<u>07 / 18 / 08</u>	\$ 250.00
Mailing Address <u>135 HDR Lane</u>		<u> / / </u>	\$
City, State, Zip Code <u>Petal, MS 39465</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>IMS Engineers</u>		<u>07 / 18 / 08</u>	\$ 1,000.00
Mailing Address <u>126 Amite Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>MS Hospitality & Restaurant Assn., PAC</u>		<u>07 / 18 / 08</u>	\$ 1,000.00
Mailing Address <u>130 Riverview Drive, Suite C</u>		<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Worth Thomas Consultants</u>		<u>07 / 18 / 08</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 774</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Warren Hood, Jr.	07 / 18 / 08	\$ 1,000.00
Mailing Address		
3900 Jamestown Rd.	___ / ___ / ___	\$
City, State, Zip Code		
Hattiesburg, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
BancorpSouth	07 / 18 / 08	\$ 1,000.00
Mailing Address		
P. O. Box 789	___ / ___ / ___	\$
City, State, Zip Code		
Tupelo, MS 38802-0789	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Pennsylvania Life Insurance Co. of MS	08 / 25 / 08	\$ 1,000.00
Mailing Address		
262 Idlebrook Drive	___ / ___ / ___	\$
City, State, Zip Code		
Jackson, MS 39212	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Regions Bank	07 / 24 / 08	\$ 250.00
Mailing Address		
202 South 40th Avenue	___ / ___ / ___	\$
City, State, Zip Code		
Hattiesburg, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name UST Public Affairs, Inc.		<u>08 / 15 / 08</u>	\$ 1,000.00
Mailing Address 1800 Peachtree Street, NW Suite 550		___ / ___ / ___	\$
City, State, Zip Code Atlanta, GA 30309		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A T & T Mississippi PAC		<u>07 / 25 / 08</u>	\$ 1,000.00
Mailing Address 175 East Capital Street, Suite 702		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201-2135		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Northrop Gruman Corp.		<u>07 / 25 / 08</u>	\$ 1,000.00
Mailing Address 1840 Century Park East		___ / ___ / ___	\$
City, State, Zip Code Los Angeles, CA 90067-2199		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Electric Power Association of MS		<u>07 / 31 / 08</u>	\$ 1,000.00
Mailing Address P. O. Box 3300		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>L. & A Contracting Co.</u>	<u>08 / 01 / 08</u>	\$ <u>1,000.00</u>
<u>Mailing Address</u>		
<u>P. O. Box 16749</u>	<u> / / </u>	\$
<u>City, State, Zip Code</u>		
<u>Hattiesburg, MS 39404-6749</u>	<u> / / </u>	\$
<u>Name of Employer (Required)</u>	<u> / / </u>	\$
<u>Occupation (Required)</u>	<u> / / </u>	\$
	Aggregate year-to-date	\$ <u>1,000.00</u>

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Swisher International, Inc.</u>	<u>08 / 01 / 08</u>	\$ <u>1,000.00</u>
<u>Mailing Address</u>		
<u>P. O. Box 2230</u>	<u> / / </u>	\$
<u>City, State, Zip Code</u>		
<u>Jacksonville, FL 32203-2230</u>	<u> / / </u>	\$
<u>Name of Employer (Required)</u>	<u> / / </u>	\$
<u>Occupation (Required)</u>	<u> / / </u>	\$
	Aggregate year-to-date	\$ <u>1,000.00</u>

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Mississippi Concrete Industries Assn. Inc.</u>	<u>08 / 07 / 08</u>	\$ <u>250.00</u>
<u>Mailing Address</u>		
<u>6700 Old Canton Rd., Suite K</u>	<u> / / </u>	\$
<u>City, State, Zip Code</u>		
<u>Ridgeland, MS 39157-1253</u>	<u> / / </u>	\$
<u>Name of Employer (Required)</u>	<u> / / </u>	\$
<u>Occupation (Required)</u>	<u> / / </u>	\$
	Aggregate year-to-date	\$ <u>250.00</u>

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Plum Creek</u>	<u>08 / 07 / 08</u>	\$ <u>250.00</u>
<u>Mailing Address</u>		
<u>P. O. Box 1990</u>	<u> / / </u>	\$
<u>City, State, Zip Code</u>		
<u>Columbia Falls, MT 59912</u>	<u> / / </u>	\$
<u>Name of Employer (Required)</u>	<u> / / </u>	\$
<u>Occupation (Required)</u>	<u> / / </u>	\$
	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Coca-Cola Bottling Co.		08 / 08 / 08	\$ 250.00
Mailing Address P. O. Box 17197		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39404-7197		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Malt Beverage Assn.		08 / 12 / 08	\$ 1,000.00
Mailing Address P. O. Box 1132		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39215-1132		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tronox Inc.		08 / 26 / 08	\$ 1,000.00
Mailing Address P. O. Box 180		___ / ___ / ___	\$
City, State, Zip Code Hamilton, MS 39746		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lawrence W. Warren		08 / 13 / 08	\$ 1,000.00
Mailing Address P. O. Box 572		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39403		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Warren Paving</u>		<u>08 / 13 / 08</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 572</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Independent RX PAC</u>		<u>08 / 14 / 08</u>	\$ 1,000.00
Mailing Address <u>4209 Lakeland Drive, Suite 399</u>		<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The GEO Group, Inc.</u>		<u>08 / 25 / 08</u>	\$ 1,000.00
Mailing Address <u>One Park Place, Suite 700, 621 N.W. 53rd Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Boca Raton, FL 33487</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Bail Agents Assn.</u>		<u>08 / 25 / 08</u>	\$ 1,000.00
Mailing Address <u>413 South President Street, Suite 111</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sage Advice, Inc.		08 / 26 / 08	\$ 250.00
Mailing Address 4785 I-55 North, Suite 103		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39206		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nissan - Nissan North America, Inc.		08 / 15 / 08	\$ 1,000.00
Mailing Address 983 Nissan Drive		___ / ___ / ___	\$
City, State, Zip Code Smyrna, TN 37167-4400		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entergy Mississippi, Inc. (ENPAC)		08 / 19 / 08	\$ 1,000.00
Mailing Address P. O. Box 1640		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39215-1640		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Company State PAC		08 / 19 / 08	\$ 1,000.00
Mailing Address P. O. Box 4079		___ / ___ / ___	\$
City, State, Zip Code Gulfport, MS 39502-4079		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ewing Kessler Mechanical Solutions</u>		<u>08/20/08</u>	\$ 1,000.00
Mailing Address <u>7876 Stage Hills Blvd., Suite 104</u>		<u> / / </u>	\$
City, State, Zip Code <u>Bartlett, TN 38133</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advantage Capital Management Corp.</u>		<u>08/20/08</u>	\$ 1,000.00
Mailing Address <u>2230 L L & E Tower, 909 Poydras Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>New Orleans, LA 70112</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swedish Match North America, Inc.</u>		<u>10/04/08</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 13297</u>		<u> / / </u>	\$
City, State, Zip Code <u>Richmond, VA 23225</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Cable</u>		<u>10/28/08</u>	\$ 250.00
Mailing Address <u>120 North Congress Street, Suite 640</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonPage 13 of 33Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Check Into Cash of MS, Inc.	08 / 21 / 08	\$ 1,000.00
Mailing Address		
P. O. Box 550	___ / ___ / ___	\$
City, State, Zip Code		
Cleveland, TN 37364-0550	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Edward A. Williamson, P.A.	08 / 21 / 08	\$ 250.00
Mailing Address		
P. O. Box 588	___ / ___ / ___	\$
City, State, Zip Code		
Philadelphia, MS 39350	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Isle of Capri Casinos, Inc.	08 / 12 / 08	\$ 250.00
Mailing Address		
151 Beach Blvd.	___ / ___ / ___	\$
City, State, Zip Code		
Biloxi, MS 39530	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Isle of Capri Casinos, Inc.	08 / 19 / 08	\$ 500.00
Mailing Address		
151 Beach Blvd.	___ / ___ / ___	\$
City, State, Zip Code		
Biloxi, MS 39530	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Road Builders Assn.</u>		<u>08 / 26 / 08</u>	\$ 1,030.00
Mailing Address <u>P. O. Box 22524</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39225-2524</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 1,030.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ramel L. Cotton, PLLC</u>		<u>08 / 25 / 08</u>	\$ 250.00
Mailing Address <u>4793 McWillie Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Richard Lambert, PLLC</u>		<u>08 / 25 / 08</u>	\$ 500.00
Mailing Address <u>119 Hardy Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommy (Tom) L. Wallace</u>		<u>08 / 25 / 08</u>	\$ 250.00
Mailing Address <u>P. O. Box 20073</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39289-0073</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Glaxo Smith Kline	08 / 28 / 08	\$ 1,000.00
Mailing Address		
513 Cherrywood Point	___ / ___ / ___	\$
City, State, Zip Code		
Franklin, TN 37064	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Entertainment Software Assn.	08 / 26 / 08	\$ 500.00
Mailing Address		
575 7th Street, NW Suite 300	___ / ___ / ___	\$
City, State, Zip Code		
Washington, DC 20004	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Gene Smith	08 / 26 / 08	\$ 1,000.00
Mailing Address		
2212 Avanti Lane	___ / ___ / ___	\$
City, State, Zip Code		
Birmingham, AL 35226-1030	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Capitol Advocacy Group, PAC	08 / 26 / 08	\$ 1,000.00
Mailing Address		
P. O. Box 217	___ / ___ / ___	\$
City, State, Zip Code		
Jackson, MS 39205	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Health Management Associates, MS PAC	08 / 26 / 08	\$ 1,000.00
Mailing Address		
2550 Flowood Drive, Suite 402 "	__ / __ / __	\$
City, State, Zip Code		
Flowood, MS 39232	__ / __ / __	\$
Name of Employer (Required)		
	__ / __ / __	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Dental PAC	09 / 09 / 08	\$ 700.00
Mailing Address		
2630 Ridgewood Rd., Suite C	__ / __ / __	\$
City, State, Zip Code		
Jackson, MS 39216-4920	__ / __ / __	\$
Name of Employer (Required)		
	__ / __ / __	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 700.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Anheuser - Busch Companies	09 / 25 / 08	\$ 1,000.00
Mailing Address		
106 East College Avenue, Suite 700	__ / __ / __	\$
City, State, Zip Code		
Tallahassee, FL 32301	__ / __ / __	\$
Name of Employer (Required)		
	__ / __ / __	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Title Max Corporation	09 / 25 / 08	\$ 500.00
Mailing Address		
2481 Cobb Parkway	__ / __ / __	\$
City, State, Zip Code		
Smyrna, GA 30080	__ / __ / __	\$
Name of Employer (Required)		
	__ / __ / __	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Manufactured Housing Assn., VPAC	09 / 29 / 08	\$ 500.00
Mailing Address		
P. O. Box 320369	___ / ___ / ___	\$
City, State, Zip Code		
Flowood, MS 39232	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Denbury Resources	10 / 01 / 08	\$ 1,000.00
Mailing Address		
5100 Tennyson Parkway, Suite 1200	___ / ___ / ___	\$
City, State, Zip Code		
Plano, TX 75024	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Abbott Laboratories	10 / 13 / 08	\$ 500.00
Mailing Address		
4708 Hilldale Drive	___ / ___ / ___	\$
City, State, Zip Code		
Knoxville, TN 37914	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Walmart Stores (Wal-Pac)	10 / 17 / 08	\$ 500.00
Mailing Address		
702 SW 8th Street	___ / ___ / ___	\$
City, State, Zip Code		
Bentonville, AR 72716-0150	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Williams Companies, Inc.		10 / 17 / 08	\$ 250.00
Mailing Address One Williams Center, P. O. Box 2400		__ / __ / __	\$
City, State, Zip Code Tulsa, OK 74102-2400		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name GCorp, LLC		10 / 16 / 08	\$ 1,000.00
Mailing Address 1004 County Rd. 833		__ / __ / __	\$
City, State, Zip Code Guntown, MS 38849		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Albert L. Sage		10 / 16 / 08	\$ 250.00
Mailing Address 4785 I-55 North, Suite 103		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39206		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Point One Strategies, LLC		10 / 16 / 08	\$ 250.00
Mailing Address P. O. Box 3015		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39207-3015		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name IMS Engineers		10 / 16 / 08	\$ 500.00
Mailing Address 126 Amite Street		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CommonWealth Brands, Inc.		10 / 16 / 08	\$ 1,000.00
Mailing Address P. O. Box 51587		___ / ___ / ___	\$
City, State, Zip Code Bowling Green, KY 42102		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name UST Public Affairs, Inc.		10 / 30 / 08	\$ 2,512.52
Mailing Address 1800 Peachtree Street, NW Suite 550		___ / ___ / ___	\$
City, State, Zip Code Atlanta, GA 30309		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2,512.52
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chevron Corporation		11 / 24 / 08	\$ 500.00
Mailing Address P. O. Box 1300		___ / ___ / ___	\$
City, State, Zip Code Pascagoula, MS 39568		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Toyota - Gulf States Toyota, Inc.	11 / 18 / 08	\$ 1,000.00
Mailing Address 109 N. Post Oak Lane #600	___ / ___ / ___	\$
City, State, Zip Code Houston, TX 77024	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Dr. Lynn B. McMahan	11 / 25 / 08	\$ 2,500.00
Mailing Address 16 Chandeleur Point	___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39402	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 2,500.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Pharmaceutical Research & Manufacturers	12 / 08 / 08	\$ 500.00
Mailing Address 630 Lakeland Drive	___ / ___ / ___	\$
City, State, Zip Code Baton Rouge, LA 70802	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Baker Donelson Mississippi PAC	12 / 23 / 08	\$ 500.00
Mailing Address 4268 I-55 North, Meadowbrook Office Park	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonPage 21 of 33Reporting period January 1, 2008 through December 31, 2008**ITEMIZED RECEIPTS**A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
CEAFT PAC	12 / 23 / 08	\$ 300.00
Mailing Address		
3000 B, North State Street	___ / ___ / ___	\$
City, State, Zip Code		
Jackson, MS 39216	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 300.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
T. L. Wallace Construction, Inc.	12 / 05 / 08	\$ 1,000.00
Mailing Address		
P. O. Box 523	___ / ___ / ___	\$
City, State, Zip Code		
Columbia, MS 39429	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
MS Association For HomeCare	11 / 19 / 08	\$ 500.00
Mailing Address		
P. O. Box 1468	___ / ___ / ___	\$
City, State, Zip Code		
Ridgeland, MS 39158	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Brian Cooper	12 / 17 / 08	\$ 500.00
Mailing Address		
916 Lily Creek Resort Rd.	___ / ___ / ___	\$
City, State, Zip Code		
Jamestown, KY 42629	___ / ___ / ___	\$
Name of Employer (Required)		
	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
A & A Tupelo, Inc.	12 / 11 / 08	\$ 1,000.00
Mailing Address		
120 East Franklin Street	___ / ___ / ___	\$
City, State, Zip Code		
Tupelo, MS 38804	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Tyson Foods	12 / 17 / 08	\$ 500.00
Mailing Address		
P. O. Box 2020	___ / ___ / ___	\$
City, State, Zip Code		
Springdale, Arkansas 72765-2020	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Monsanto Company	12 / 17 / 08	\$ 500.00
Mailing Address		
1300 I (Eye) Street, NW Suite 450 East	___ / ___ / ___	\$
City, State, Zip Code		
Washington, DC 20005-7211	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Motorola, Inc.	11 / 14 / 08	\$ 500.00
Mailing Address		
P. O. Box 68429	___ / ___ / ___	\$
City, State, Zip Code		
Schaumburg, IL 60168	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
State-Wide General Insurance	07/ 10/08	\$ 250.00
Mailing Address		
3073 Lynch Street	___/___/___	\$
City, State, Zip Code		
Jackson, MS 39209	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 250.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Warren Hood	10/ 26/ 08	\$ 15,000.00
Mailing Address		
3900 Jamestown Road	___/___/___	\$
City, State, Zip Code		
Hattiesburg, MS 39402	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 15,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
Mailing Address		
	___/___/___	\$
City, State, Zip Code		
	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
Mailing Address		
	___/___/___	\$
City, State, Zip Code		
	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)		
	Aggregate year-to-date	\$

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Percy W. Watson		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1767		01 / 04 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39403-1767		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Reimbursement Adrian Wooten Campaign		Year-to-date	\$ 500.00
B. Full name		Date	Amount of each
Miss Mississippi Business Manager		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 742		01 / 03 / 08	\$ 300.00
City, State, Zip Code			
Vicksburg, MS 39181		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Ms. Kim Morgan/2007 Appreciation Gala		Year-to-date	\$ 300.00
C. Full name		Date	Amount of each
✓ Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		01 / 08 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Appreciation Gala 2007 / Services		Year-to-date	\$ 300.00
D. Full name		Date	Amount of each
✓ Percy W. Watson		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1767		01 / 11 / 08	\$ 451.21
City, State, Zip Code			
Hattiesburg, MS 39403-1767		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Reimbursements/2007 Appreciation Gala		Year-to-date	\$ 451.21
E. Full name		Date	Amount of each
Hattiesburg Lake Terrace Convention Center		(Mo., Day, Year)	disbursement this period
Mailing Address			
One Convention Center Plaza		01 / 25 / 08	\$ 6,104.10
City, State, Zip Code			
Hattiesburg, MS 39402		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Appreciation Gala 2007		Year-to-date	\$ 6,104.10
F. Full name		Date	Amount of each
✓ Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		07 / 11 / 08	\$ 350.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Services for 2008 Golf Tournament		Year-to-date	\$ 350.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
Mississippi Diabetes Association		(Mo., Day, Year)	disbursement this period
Mailing Address			
800 Avery Blvd., Suite 100		07 / 11 / 08	\$ 300.00
City, State, Zip Code			
Ridgeland, MS 39157		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Diabetes Golf Tournament		Year-to-date	\$ 300.00
B. Full name		Date	Amount of each
Bourne Brothers Printing		(Mo., Day, Year)	disbursement this period
Mailing Address			
5276 Highway 42		07 / 24 / 08	\$ 248.24
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Printing for Golf Tournament		Year-to-date	\$ 248.24
C. Full name		Date	Amount of each
Reserve Account - Postage By Phone		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 856056		07 / 31 / 08	\$ 600.00
City, State, Zip Code			
Louisville, KY 40285-6056		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Postage for Golf Tournament 2008		Year-to-date	\$ 600.00
D. Full name		Date	Amount of each
Ebenezer Baptist Church		(Mo., Day, Year)	disbursement this period
Mailing Address			
900 East 8th Street		08 / 02 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Donation		Year-to-date	\$ 500.00
E. Full name		Date	Amount of each
Johnny DuFree Campaign		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1898		08 / 14 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39403		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Campaign Donation		Year-to-date	\$ 500.00
F. Full name		Date	Amount of each
Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		08 / 22 / 08	\$ 350.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Golf Tournament		Year-to-date	\$ 350.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Jackie Dedeaux		(Mo., Day, Year)	disbursement this period
Mailing Address			
18326 Robinwood East Drive		08 / 25 / 08	\$ 250.00
City, State, Zip Code			
Saucier, MS 39574		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2008 Golf Tournament		Year-to-date	250.00
B. Full name		Date	Amount of each
✓ Randall Williams		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1512		08 / 26 / 08	\$ 240.00
City, State, Zip Code			
Hattiesburg, MS 39403		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Photographer for 2008 Golf Tournament		Year-to-date	240.00
C. Full name		Date	Amount of each
✓ Wilhemina Banks		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1295		08 / 27 / 08	\$ 350.00
City, State, Zip Code			
Hattiesburg, MS 39403		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2008 Golf Tournament		Year-to-date	350.00
D. Full name		Date	Amount of each
✓ Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		08 / 29 / 08	\$ 750.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
2008 Golf Tournament		Year-to-date	750.00
E. Full name		Date	Amount of each
✓ Bourne Brothers Printing		(Mo., Day, Year)	disbursement this period
Mailing Address			
5276 Highway 42		09 / 03 / 08	\$ 267.51
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Printing for Golf Tournament 2008		Year-to-date	267.51
F. Full name		Date	Amount of each
✓ The University of Southern Mississippi Foundation		(Mo., Day, Year)	disbursement this period
Mailing Address			
118 College Drive, #10026		09 / 04 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39406-0001		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Donation		Year-to-date	300.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Boot Walker Tournament		(Mo., Day, Year)	disbursement this period
Mailing Address			
112 St. Andrews		09 / 05 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Boot Walker Golf Tournament 2008		Year-to-date	\$ 300.00
B. Full name		Date	Amount of each
✓ Marshall Bell		(Mo., Day, Year)	disbursement this period
Mailing Address			
112 St. Andrews		09 / 03 / 08	\$ 1,000.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Services for PWV 2008 Golf Tournament		Year-to-date	\$ 1,000.00
C. Full name		Date	Amount of each
✓ Bourne Brothers Printing		(Mo., Day, Year)	disbursement this period
Mailing Address			
5276 Highway 42		09 / 05 / 08	\$ 235.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Campaign Letterhead (Stationary)		Year-to-date	\$ 235.00
D. Full name		Date	Amount of each
✓ Percy W. Watson		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1767		09 / 08 / 08	\$ 350.00
City, State, Zip Code			
Hattiesburg, MS 39403-1767		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Golf Tournament 2008 Reimbursement		Year-to-date	\$ 350.00
E. Full name		Date	Amount of each
✓ Front Porch Restaurant		(Mo., Day, Year)	disbursement this period
Mailing Address			
205 Thornhill Drive		09 / 22 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Ebenezer Baptist Church Sponsor		Year-to-date	\$ 300.00
F. Full name		Date	Amount of each
✓ Friends of Bennie Thompson		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 100		09 / 30 / 08	\$ 500.00
City, State, Zip Code			
Bolton, MS 39041		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Campaign Donation		Year-to-date	\$ 500.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Committee To Elect Jim Kitchens		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 368		10/ 10/ 08	\$ 1,000.00
City, State, Zip Code			
Brandon, MS 39043		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	
Campaign Donation		Year-to-date	\$ 1,000.00
B. Full name		Date	Amount of each
✓ Vardaman Buick Honda		(Mo., Day, Year)	disbursement this period
Mailing Address			
802 Broadway Drive		10/ 24/ 08	\$ 630.00
City, State, Zip Code			
Hattiesburg, MS 39401		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	
Hole-In-One / 2008 Golf Tournament		Year-to-date	\$ 630.00
C. Full name		Date	Amount of each
✓ Melba Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		10/ 24/ 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39401		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	
Breakfast Fundraiser		Year-to-date	\$ 300.00
D. Full name		Date	Amount of each
✓ Canebrake Country Club		(Mo., Day, Year)	disbursement this period
Mailing Address			
1 Cane Drive		10/ 29/ 08	\$ 4,260.10
City, State, Zip Code			
Hattiesburg, MS 39402		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	
Golf Tournament 2008		Year-to-date	\$ 4,260.10
E. Full name		Date	Amount of each
✓ Sonny Herron Homegoing		(Mo., Day, Year)	disbursement this period
Mailing Address			
		10/ 31/ 08	\$ 500.00
City, State, Zip Code			
Tylertown, MS 39667		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	
Sonny Herron Benevolence		Year-to-date	\$ 500.00
F. Full name		Date	Amount of each
✓ Yolanda McCree		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 21		11/ 20/ 08	\$ 250.00
City, State, Zip Code			
Hattiesburg, MS 39403		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	
Appreciation Gala 2007		Year-to-date	\$ 250.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Brenda Williams		(Mo., Day, Year)	disbursement this period
Mailing Address			
718A Grace Avenue		11 / 20 / 08	\$ 250.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Appreciation Gala 2007		Year-to-date	250.00
B. Full name		Date	Amount of each
✓ Zapp Band		(Mo., Day, Year)	disbursement this period
Mailing Address			
		11 / 21 / 08	\$ 7,500.00
City, State, Zip Code			
Hamilton, Ohio 45011		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Deposit for Entertainment		Year-to-date	7,500.00
C. Full name		Date	Amount of each
✓ Melba Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		11 / 25 / 08	\$ 400.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Appreciation Gala Reimbursement		Year-to-date	400.00
D. Full name		Date	Amount of each
✓ Omega Psi Phi		(Mo., Day, Year)	disbursement this period
Mailing Address			
P, O. Box 17557		11 / 17 / 08	\$ 250.00
City, State, Zip Code			
Hattiesburg, MS 39404		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Fraternity Dues		Year-to-date	250.00
E. Full name		Date	Amount of each
✓ Johnnie McGee		(Mo., Day, Year)	disbursement this period
Mailing Address			
		12 / 03 / 08	\$ 1,250.00
City, State, Zip Code			
		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
S & L Appreciation Gala		Year-to-date	1,250.00
F. Full name		Date	Amount of each
✓ Ebenezer Baptist Church		(Mo., Day, Year)	disbursement this period
Mailing Address			
900 East 8th Street		12 / 07 / 08	\$ 325.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Donation		Year-to-date	325.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
Harrison Paraphernalia		(Mo., Day, Year)	disbursement this period
Mailing Address			
1232 Five Chop Road		12/11/08	\$ 1,172.88
City, State, Zip Code			
Orangeburg, SC 29115		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Souvenir Items for 2008 Gala		Year-to-date	1,172.88
B. Full name		Date	Amount of each
Bourne Brothers Printing		(Mo., Day, Year)	disbursement this period
Mailing Address			
5276 Highway 42		12/23/08	\$ 691.22
City, State, Zip Code			
Hattiesburg, MS 39401		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Stationary Invitations for 2008 Gala		Year-to-date	691.22
C. Full name		Date	Amount of each
Zapp Band		(Mo., Day, Year)	disbursement this period
Mailing Address			
		12/19/08	\$ 8,750.00
City, State, Zip Code			
Hamilton, Ohio 45011		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Entertainment (Band, Sound & Lights)		Year-to-date	8,750.00
D. Full name		Date	Amount of each
Sam L. Buchanan		(Mo., Day, Year)	disbursement this period
Mailing Address			
1205 Windsor Drive		12/19/08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39402		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Honorarium / Gala 2008		Year-to-date	500.00
E. Full name		Date	Amount of each
Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1767		12/19/08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39403		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Expenses/Appreciation Gala 2008		Year-to-date	300.00
F. Full name		Date	Amount of each
Microtel Inn & Suites		(Mo., Day, Year)	disbursement this period
Mailing Address			
105 Westover Drive		12/21/08	\$ 490.00
City, State, Zip Code			
Hattiesburg, MS 39402		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Hotel Accommodations/Appreciation Gala		Year-to-date	490.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Yolanda McCree		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 21		12 / 23 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39403		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
		Year-to-date	500.00
B. Full name		Date	Amount of each
✓ Brenda Williams		(Mo., Day, Year)	disbursement this period
Mailing Address			
718A Grace Avenue		12 / 23 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
		Year-to-date	500.00
C. Full name		Date	Amount of each
✓ Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		12 / 23 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
		Year-to-date	500.00
D. Full name		Date	Amount of each
✓ Kym Garraway		(Mo., Day, Year)	disbursement this period
Mailing Address			
6555 U. S. Highway 98		12 / 23 / 08	\$ 850.00
City, State, Zip Code			
Hattiesburg, MS 39402		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Appreciation Gala Portrait		Year-to-date	850.00
E. Full name		Date	Amount of each
✓ R Jones & Associates		(Mo., Day, Year)	disbursement this period
Mailing Address			
113 Hinton Drive		12 / 23 / 08	\$ 492.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Transportation / Appreciation Gala 2008		Year-to-date	492.00
F. Full name		Date	Amount of each
✓ John W. McCullum		(Mo., Day, Year)	disbursement this period
Mailing Address			
17 C R 52822		12 / 23 / 08	\$ 650.00
City, State, Zip Code			
Heidelberg, MS 39439		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	\$
Photographer/Appreciation Gala 2008		Year-to-date	650.00

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Wilhemina Banks		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 1295		12 / 24 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39403		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	
Appreciation Gala 2008		Year-to-date	\$ 300.00
B. Full name		Date	Amount of each
✓ Wal-Mart Supercenter		(Mo., Day, Year)	disbursement this period
Mailing Address			
5901 Highway 49 South		12 / 20 / 08	\$ 275.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	
2 Bicycles for Appreciation Gala		Year-to-date	\$ 275.00
C. Full name		Date	Amount of each
✓ Mississippi House Democratic Leadership Pack		(Mo., Day, Year)	disbursement this period
Mailing Address			
		12 / 31 / 08	\$ 2,500.00
City, State, Zip Code			
Jackson, MS 39206		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	
Donation		Year-to-date	\$ 2,500.00
D. Full name		Date	Amount of each
✓ Melba Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		12 / 31 / 08	\$ 250.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	
Reimbursement for Services		Year-to-date	\$ 250.00
E. Full name		Date	Amount of each
✓ Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		11 / 04 / 08	\$ 250.00
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	
Reimbursement 2008 Gala		Year-to-date	\$ 250.00
F. Full name		Date	Amount of each
✓ Bourne Brothers Printing		(Mo., Day, Year)	disbursement this period
Mailing Address			
5276 Highway 42		11 / 04 / 08	\$ 274.99
City, State, Zip Code			
Hattiesburg, MS 39401		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate	
Stationary Printing for 2008 Gala		Year-to-date	\$ 274.99

Name of Candidate or Committee Percy W. WatsonReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name		Date	Amount of each
✓ Brenda Williams		(Mo., Day, Year)	disbursement this period
Mailing Address			
718A Grace Avenue		11 / 04 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Appreciation Gala 2008		Year-to-date	\$ 300.00
B. Full name		Date	Amount of each
✓ Melba L. Houze		(Mo., Day, Year)	disbursement this period
Mailing Address			
3003 Mesa Drive		11 / 07 / 08	\$ 300.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Reimbursement/Appreciation Gala		Year-to-date	\$ 300.00
C. Full name		Date	Amount of each
✓ Reserve Account		(Mo., Day, Year)	disbursement this period
Mailing Address			
P. O. Box 856056		11 / 10 / 08	\$ 800.00
City, State, Zip Code			
Louisville, KY 40285-6056		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
U. S. Postage		Year-to-date	\$ 800.00
D. Full name		Date	Amount of each
✓ Hollie Hooker		(Mo., Day, Year)	disbursement this period
Mailing Address			
Rt. 2, Box 113-A		11 / 20 / 08	\$ 300.00
City, State, Zip Code			
Prentiss, MS 39474		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Benevolence		Year-to-date	\$ 300.00
E. Full name		Date	Amount of each
✓ Diane Whigham		(Mo., Day, Year)	disbursement this period
Mailing Address			
605 Cypress Avenue		05 / 05 / 08	\$ 500.00
City, State, Zip Code			
Hattiesburg, MS 39401		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
Benevolence		Year-to-date	\$ 500.00
F. Full name		Date	Amount of each
✓ McCormick & Schmick's		(Mo., Day, Year)	disbursement this period
Mailing Address			
2250 Crystal Drive		05 / 26 / 08	\$ 626.00
City, State, Zip Code			
Arlington, VA 22202		__ / __ / __	\$
Purpose of Disbursement (Optional)		Aggregate	
		Year-to-date	\$ 626.00